

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8682

FILED MAR 26 1957

STATE FILE NUMBER 1105

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5804 Forest</b>		Length of stay in <b>6 yrs.</b>	d. STREET ADDRESS <b>5804 Forest</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Benjamin</b> Middle <b>F.</b> Last <b>GOOCH</b>			4. DATE OF DEATH Month <b>March</b> Day <b>8</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 20, 1883</b>	9. AGE (In years last birthday) <b>74</b> IF UNDER 1 YEAR: Month <b>15</b> Day <b>15</b> Hours <b>15</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Inspector</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>US Dept. of Agr.</b>	11. BIRTHPLACE (City and state or country) <b>Browning, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Chas. B. Gooch</b>			14. MOTHER'S MAIDEN NAME <b>Lucy Clarkson</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Ida L. Gooch, 5804 Forest, K.C., Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Circulatory Failure</b> DUE TO (b) <b>Metastatic Carcinoma</b> DUE TO (c) <b>Primary Duodenal Carcinoma</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>152x</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 weeks</b> <b>2 months</b> <b>9 months</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <b>p. m.</b> Month <b>Day</b> Year <b>1957</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>7/9/51</b> to <b>3/8/57</b> and last saw him alive on <b>3/8/57</b> Death occurred at <b>3-8-39th St. K.C. Mo</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Chas. G. Stephens</i>		22b. ADDRESS <b>3-8-39th St. K.C. Mo</b>		22c. DATE SIGNED <b>3/9/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>March 11, '57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>	
		23d. LOCATION (City, town, or county) (State) <b>K.C., Mo.</b>			
24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar</b>		ADDRESS <b>Fun. Home, K6, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-9-57</b>	
		26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Chas. G. Stephens.

Director, Coroner, physician, or other person authorized to certify to a death due to natural causes. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Dr. Chas. Stephens will come in here Sat.

Morning & sign this. (Jr.) *ok*

MAR 28 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Melvin Barton* .....

Licensed Embalmer No. *49*

P. O. Address *KC Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.